

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR :

SUBCONTRACTOR NAME:

☐ Yes ☐ No

IS THIS FOR:

TAXPAYER ID NAME:

☐ Goods?

☐ Services? ☐ Both?

YOUR LAST NAME:

FIRST NAME:

U.:

ADDRESS:

CTY:

STATE:

ZIP CODE:

COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission

Position Held	Mark ("")		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the

Position Held	Mark (\)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest %	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make this disclosure required by Governor's Executive Order 98-04, or a violation of this rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. All contractors, whether an individual or entity, who fail to make the required disclosure or violate this rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency, I agree as follows:

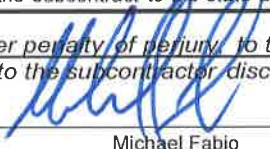
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or my violation of my rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates my rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature		Title	VP of Finance	Date	6-28-22
Vendor Contact Person	Kyle Hillis	Title	VP of Finance	Phone No.	888-226-5727 Ext. 5771

Agency use only					
Agency	Agency	Agency	Contact	Contract	
Number	Name	Contact Person	Phone No.	or Grant No.	

REVISED
RESPONSE PACKET
SP-19-0048
UPDATED: 04.22.19

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Bluum USA, Inc.				
Address:	4675 E Cotton Ctr Blvd, Ste 155				
City:	Phoenix	State:	AZ	Zip Code:	85040
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
AR Certification #: <u>N/A</u> * See Minority and Women-Owned Business Policy					

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Kyle Hillis	Title:	Account Executive
Phone:	888-226-5727 Ext. 5771	Alternate Phone:	
Email:	kyle.hillis@bluum.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.
<input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's response to be disqualified.**

Authorized Signature:  Title: VP of Finance
Use Ink Only.

Printed/Typed Name: Michael Fabio Date: 6-28-22

RESPONSE PACKET CHECK LIST

- ☒ Original signed Response Signature Page
- ☒ Completed Proposed Subcontractors Form
- ☒ Completed and signed EO 98-04 Contract and Grant Disclosure Form (posted as an additional document to this RFQ)
- ☒ Copy of Prospective Contractor's Equal Opportunity Policy
- ☒ Completed VPAT Form (See Technology Access in the RFQ)
- ☒ Completed Original Arkansas Business Information Form
- ☒ Completed Original Business Contact Information Form
- ☒ Completed Original Audio/Visual Equipment Offering Form
- ☒ Completed Original List of Counties Serviced Form
- ☒ Completed Original Arkansas Distributors / Additional Locations Form

- Provide a response to all fields on the forms included in the Response Packet except the *Audio / Visual Equipment Offering Form*. If a particular field is not applicable, mark "N/A" in the field.
- ***Audio / Visual Equipment Offering Form*** – Indicate the Audio/Visual Equipment and Supplies your company will offer on the QVL. Prospective Contractors are not required to offer all categories or every item within a category and are not required to mark "N/A" on inapplicable fields.

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Staley Technologies	6101 South Shackleford. Road	Little Rock, AR 72204
Shear Technology, LLC	663 Skyline Drive	Lake Hopatcong, NJ 07849

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

ARKANSAS BUSINESS INFORMATION FORM

• Complete all fields or mark "N/A" if not applicable

LEGAL NAME OF BUSINESS AS REGISTERED IN THE STATE OF ARKANSAS
Bluum USA, Inc.

AR BUSINESS LICENSE NUMBER:

PRIMARY MAILING ADDRESS AS REGISTERED IN THE STATE OF ARKANSAS	NUMBER OF YEARS IN BUSINESS IN AR

• Complete all fields or mark "N/A" if not applicable

PHYSICAL BUSINESS LOCATION AND ADDRESS
4675 E Cotton Ctr Blvd, Ste 155, Phoenix, AZ 85040

COMMERICAL GENERAL LIABILITY INSURANCE CARRIER NAME:
Berkley National Insurance Company

COMMERICAL GENERAL LIABILITY INSURANCE POLICY NUMBER:
TCP-7014535-12

EMPLOYEE LIABILITY INSURANCE CARRIER NAME:
Tri-State Insurance Company of Minnesota

EMPLOYEE LIABILITY INSURANCE POLICY NUMBER:
TWC71454112

VENDOR NUMBER AS SUPPLIED BY THE STATE OF ARKANSAS

WEBSITE ADDRESS, IF APPLICABLE
https://customer.trox.com/products.htm/

CERTIFIED MINORITY OR WOMEN OWNED BUSINESS ENTERPRISE DIRECTORY LISTING NAME:
N/A

NUMBER OF EMPLOYEES	TOTAL NUMBER OF CERTIFIED EMPLOYEES	BREAKDOWN OF CERTIFIED EMPLOYEES						
		CTS	CTS-D	CTS-I	AVSP	PMP	CSP	*OTHER

**If other AV certification is held by employees, please list:*

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BUSINESS CONTACT INFORMATION FORM

CONTACT NAME	CONTACT NAME TITLE	CONTACT PHONE #
Kyle Hillis	Account Executive	888-226-5727 Ext. 5771

CONTACT ALTERNATE PHONE #

CONTACT EMAIL ADDRESS
kyle.hillis@bluum.com

ALTERNATE BUSINESS CONTACT INFORMATION

CONTACT NAME	CONTACT NAME TITLE	CONTACT PHONE #
Richard Goncalves	Regional VP of Sales	888-226-5727 Ext. 3726

CONTACT ALTERNATE PHONE #

CONTACT EMAIL ADDRESS
richard.goncalves@bluum.com

Audio/Visual Equipment Offering Form

Business Name:

Category Number	Material Description	DO YOU OFFER? SELECT BELOW		Material Brand Name Tier 1 Brand Commercial Class	Material Brand Name Tier 2 Brand Consumer Class
E.1	AUDIO SOLUTIONS	YES	NO		
E.1.1	Acoustic Materials (Panels, sound damping materials)				
E.1.2	Audio Players/Recorders (includes AM/FM Radio, CD, MP3, etc.)	X		Sony	
E.1.3	Listening Centers	X		Califone	
E.1.4	Public Address Systems (mounted and handheld)	X		Sennheiser	Shure
E.1.5	Portable Sound Systems (including all-in-one systems)	X		Anchor Audio	Fender
E.1.6	Audio Filters	X			
E.1.7	Audio Attenuator				
E.1.8	Speakers, Wired	X		Anchor Audio	
E.1.9	Speakers, Wireless	X		Anchor Audio	
E.1.10	Amplifiers	X		Crown	
E.1.11	Audio Mixers	X		Behringer	
E.1.12	Duplicators	X			
E.1.13	Listening Centers	X		Califone	
E.1.14	Audio Interface				
E.1.15	Assistive Listening Systems	X		Shure	
E.1.16	Audio Controllers	X		Shure	
E.1.17	Digital to Analog Convertors	X		Crestron	
E.1.18	MIDI Controllers	X		Behringer	
E.1.19	Keyboards				
E.1.20	Samplers and Synthesizers				
E.1.21	Stage Boxes	X		Behringer	
E.1.22	Telephone Audio Interfaces	X		Bogen	Atlas
E.1.23	Audience Response Systems	X		Shure	Shure
E.1.24	Audio Conferencing Equipment	X		Shure	Crestron
E.1.25	Other (Please List)				
E.1.2	VIDEO SOLUTIONS	YES	NO		
E.1.2.1	Digital Video Recording / Playback	X		Crestron	
E.1.2.2	Video Conferencing / Streaming Equipment	X		Crestron	
E.1.2.3	Projectors	X		Epson	Maxell
E.1.2.4	Theater Projectors	X		Panasonic	Optoma
E.1.2.5	Studio Production Equipment	X		Blackmagic	Panasonic
E.1.2.6	Analog Video Recording	X		Crestron	
E.1.2.7	Digital Video Disc Players	X		Sony	Panasonic
E.1.2.8	Televisions (non-SMART)	X		LG	Samsung
E.1.2.9	Televisions (SMART)	X		Samsung	LG
E.1.2.10	High Definition Cameras (non security related)	X		Blackmagic	Sony
E.1.2.11	Blu-Ray Players	X		Sony	
E.1.2.12	DVD Players	X		Sony	
E.1.2.13	Gaming Equipment	X		Asus	Acer
E.1.2.14	Media Players	X		Crestron	
E.1.2.15	Teleprompters	X		Prompter People	
E.1.2.16	Duplicators	X		Microboards	
E.1.2.17	Digital Video Editing Systems	X		Blackmagic	
E.1.2.18	Television Monitors / Monitor Receivers	X		LG	Samsung
E.1.2.19	Broadcast and Studio Camcorders	X		Blackmagic	Panasonic
E.1.2.20	Character Generators and Graphic Solutions	X		Blackmagic	
E.1.2.21	Video Editing Boards and Cards	X		Blackmagic	
E.1.2.22	Video Keyers	X		Blackmagic	
E.1.2.23	Video Mixers / Production Switchers	X		Crestron	
E.1.2.24	Video Wall Systems	X		LG	Samsung
E.1.2.25	Other (Please List)				
	Televisions (SMART)	X		Sony	
	Projectors	X		Panasonic	Sony

Material Description	DO YOU OFFER? SELECT BELOW		Material Brand Name Tier 1 Brand Commercial Class	Material Brand Name Tier 2 Brand Consumer Class
	YES	NO		
PHOTOGRAPHY	YES	NO		
Digital Cameras (SLR)	X		CANON	
Camcorders	X		CANON	
Aerial Imaging and Drones	X		DJI	STEAM Drones
Lenses	X		CANON	
Tripods	X		CANON	MANFROTTO
Flashes	X		CANON	
Photo Editing Software				
Scanners	X		EPSON	
Photo Printers	X		CANON	HP
Darkroom Equipment	X		CANON	
Digital Imaging Cameras (Still)	X		CANON	
Other (Please List)				
Tripods	X		Bogen	
PRESENTATION AND DISPLAYS	YES	NO		
Document Cameras	X		LUMENS	Avervision
Monitors	X		VIEWSONIC	ACER
Projectors	X		EPSON	Maxell
Screens, Rear Projection	X		DALITE	DRAPER
Screens, Specialty	X		DALITE	DRAPER
Listening Centers / Stations	X		Califone	
Video Wall	X		Daktronics	
Inter-Active Displays (including "tablet" style)	X		Newline	Clevertouch
Card Readers				
Other (Please List)				
Document Cameras	X		Elmo	Vaddio
Document Cameras	X		Hovercam	
PRODUCTION AND LIGHTING EQUIPMENT	YES	NO		
Audio Control Systems	X		Behringer	Biamp
Portable Audio Equipment	X		Anchor	
Production Duplication				
Broadcast Processors	X		Blackmagic	Blackmagic
Stage Boxes	X		Behringer	Sound Craft
Studio Monitors	X		Sound Craft	
Boom Equipment				
Lighting Control Filters and Gels				
Architectural Lighting Control Systems	X		Crestron	
Dimmers and Dimmer Systems	X		Crestron	
DMX Devices	X		Crestron	
Rail Systems	X		Crestron	
Stage and DJ Lighting				
Lighting Control Systems	X		Crestron	
Portable Lighting Control Systems				
Sound Mixers	X		Behringer	Crestron
Lighting Auxillary Equipment				
Lighting Control Software and Applications	X		Crestron	
Portable Sound Mixers	X		Shure	
Other (Please List)				

Material Description	DO YOU OFFER? SELECT BELOW		Material Brand Name Tier 1 Brand Commercial Class	Material Brand Name Tier 2 Brand Consumer Class
MISCELLANEOUS EQUIPMENT	YES	NO		
Surveillance Equipment	X		Verkata	
Power Distribution	X		Mid Atlantic	Furman
CCTV Monitors	X		LG	Samsung
DJ Equipment	X		Behringer	Crown
Fans and Coolers				
Fiber Optic Systems				
Rigging				
Intercom Systems	X		Telex	Crestron
Other (Please List)	X		Bogen	
3D Scanners/Printers	X		MakerBot	Dremel
ACCESSORIES	YES	NO		
Microphones, Wired	X		Shure	
Microphones, Wireless	X		Shure	
Microphones, Lavalier	X		Shure	
Microphone stands	X		Shure	
Headphones, Wired	X		Shure	Avid
Headphones, Wireless	X		Shure	Avid
Earbuds, Wired	X		Califone	Sony
Earbuds, Wireless	X		Califone	Sony
Lecterns			Spectrum	Mooreco
Equipment Mounts (includes TV's, Projectors, etc.)	X		Peerless	Chief
Carry and Storage Bags for Equipment	X		Gator Cases	Kensington
Protective Cases	X		Max Cases	Gumdrop
Protective Covers	X		Max Cases	Gumdrop
Racks, Rack Panels, and Rack Rails	X		Mid-Atlantic	
Light Stands and Booms				
Batteries				
Camera Supports, Stands, Pedestals and Stabilizers				
Mounts, Various Equipment	X		Chief	Peerless
Audio Test Equipment	X		Behringer	Whirlwind
Computer Memory Cards	X		Sandisk	Sandisk
Media Carts	X		Newline	CDI
A/V Media Lifts	X		Draper	Chief
Cables (Includes connecting, control, etc.)	X		C2G	Covid
Speaker Stands	X		Ultimate Support	
Media Storage Devices	X		CDI	Newline
Other (Please List)				
Media Carts	X		Aver	Luxor
Media Carts	X		Lockncharge	Copernicus
Media Carts	X		Anywhere Carts	
Equipment Mounts	X		Premier Mounts	
Cables	X		Liberty AV	Comprehensive

LIST OF COUNTIES SERVICED FORM

BUSINESS NAME: Bluum USA, Inc.

MAILING ADDRESS: 4675 E Cotton Ctr Blvd, Ste 155

CITY: Phoenix

STATE: AZ

ZIP: 85040

PHONE NUMBER: 888-226-5727 Ext. 5771

EMAIL ADDRESS: kyle.hillis@bluum.com

INDICATE THE COUNTIES WHERE AUDIO / VISUAL EQUIPMENT, INSTALLATION AND/OR AND SERVICES CAN BE PROVIDED (Check ALL that apply)

NORTHWEST		NORTHEAST		SOUTHWEST		SOUTHEAST		CENTRAL	
ALL	<input checked="" type="checkbox"/>	ALL	<input checked="" type="checkbox"/>	ALL	<input checked="" type="checkbox"/>	ALL	<input checked="" type="checkbox"/>	ALL	<input checked="" type="checkbox"/>
BAXTER	<input type="checkbox"/>	CLAY	<input type="checkbox"/>	CALHOUN	<input type="checkbox"/>	ARKANSAS	<input type="checkbox"/>	FAULKNER	<input type="checkbox"/>
BENTON	<input type="checkbox"/>	CLEBURNE	<input type="checkbox"/>	CLARK	<input type="checkbox"/>	ASHLEY	<input type="checkbox"/>	GARLAND	<input type="checkbox"/>
BOONE	<input type="checkbox"/>	CRAIGHEAD	<input type="checkbox"/>	COLUMBIA	<input type="checkbox"/>	BRADLEY	<input type="checkbox"/>	GRANT	<input type="checkbox"/>
CARROLL	<input type="checkbox"/>	CRITTENDEN	<input type="checkbox"/>	DALLAS	<input type="checkbox"/>	CHICOT	<input type="checkbox"/>	LONOKE	<input type="checkbox"/>
CONWAY	<input type="checkbox"/>	CROSS	<input type="checkbox"/>	HEMPSTEAD	<input type="checkbox"/>	CLEVELAND	<input type="checkbox"/>	PERRY	<input type="checkbox"/>
CRAWFORD	<input type="checkbox"/>	FULTON	<input type="checkbox"/>	HOT SPRING	<input type="checkbox"/>	DESHA	<input type="checkbox"/>	PULASKI	<input type="checkbox"/>
FRANKLIN	<input type="checkbox"/>	GREENE	<input type="checkbox"/>	HOWARD	<input type="checkbox"/>	DREW	<input type="checkbox"/>	SALINE	<input type="checkbox"/>
JOHNSON	<input type="checkbox"/>	INDEPENDENCE	<input type="checkbox"/>	LAFAYETTE	<input type="checkbox"/>	JEFFERSON	<input type="checkbox"/>		<input type="checkbox"/>
LOGAN	<input type="checkbox"/>	IZARD	<input type="checkbox"/>	LITTLE RIVER	<input type="checkbox"/>	LEE	<input type="checkbox"/>		<input type="checkbox"/>
MADISON	<input type="checkbox"/>	JACKSON	<input type="checkbox"/>	MONTGOMERY	<input type="checkbox"/>	LINCOLN	<input type="checkbox"/>		<input type="checkbox"/>
MARION	<input type="checkbox"/>	LAWRENCE	<input type="checkbox"/>	MILLER	<input type="checkbox"/>	MONROE	<input type="checkbox"/>		<input type="checkbox"/>
NEWTON	<input type="checkbox"/>	MISSISSIPPI	<input type="checkbox"/>	NEVADA	<input type="checkbox"/>	PHILLIPS	<input type="checkbox"/>		<input type="checkbox"/>
POPE	<input type="checkbox"/>	POINSETT	<input type="checkbox"/>	OUACHITA	<input type="checkbox"/>	PRAIRIE	<input type="checkbox"/>		<input type="checkbox"/>
SEARCY	<input type="checkbox"/>	RANDOLPH	<input type="checkbox"/>	PIKE	<input type="checkbox"/>	ST. FRANCIS	<input type="checkbox"/>		<input type="checkbox"/>
SEBASTIAN	<input type="checkbox"/>	SHARP	<input type="checkbox"/>	POLK	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SCOTT	<input type="checkbox"/>	STONE	<input type="checkbox"/>	SEVIER	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
VANBUREN	<input type="checkbox"/>	WHITE	<input type="checkbox"/>	UNION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
WASHINGTON	<input type="checkbox"/>	WOODRUFF	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
YELL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

ARKANSAS DISTRIBUTORS / ADDITIONAL LOCATIONS FORM

Manufacturer / Business Name
Bluum USA, Inc.

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address
Bluum USA, Inc.	4675 E Cotton Ctr Blvd, Ste 155, Phoenix, AZ 85040

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address
Kyle Hillis, Account Executive	888-226-5727 Ext. 5771	kyle.hillis@bluum.com

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Bluum USA, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 4675 E Cotton Ctr Blvd, Ste 155	Requester's name and address (optional)
6 City, state, and ZIP code Phoenix, AZ 85040	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	6		-	0	7	1	6	1	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 6-28-22
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Business Entity Search Mobile
Arkansas Secretary of State[New Search?](#)[< Back To Search Results](#)**BLUUM USA, INC.****Corporation Name**

BLUUM USA, INC.

Fictitious Names**Filing #**

811038552

Filing Type

Foreign For-Profit

Filed under Act

Dom Bus Corp; 958 of 1987

Status[Good Standing](#)**Principal Address**

,

Reg. Agent

THE CORPORATION COMPANY

Agent Address

124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK AR

Date Filed

8/16/2013

Officers

CRAIG SCHRAMM, Vice-President

EREZ PIKAR, President

SEE FILE, Incorporator/Organizer

MICHAEL FABIO, Incorporator/Organizer

NAIPAUL SHOENSAKAR, Treasurer

Foreign Name**Foreign Address**

4830 S. 38TH STREET

PHOENIX, AZ 85040

State of Origin

DE

Purchase Certificate of Good Standing

[Business Search Mobile](#) | [Business Search Full Site](#)

[Arkansas.gov Full Site](#)

A service of the Information Network of Arkansas. For assistance, [visit our Help Center](#).



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Troxell Communications, Inc. 4675 E. Cotton Center Blvd Ste. #155 Phoenix AZ 85040-4809 USA	INSURER A: Berkley National Insurance Company	38911
	INSURER B: Tri-State Insurance Company of Minnesota	31003
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570091028777**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			TCP 7014535-12	12/31/2021	12/31/2022	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$15,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY			TCP 7014535-12	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		TCP 7014535-12	12/31/2021	12/31/2022	EACH OCCURRENCE	\$15,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$15,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC701454112	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

Certificate No : 570091028777

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Reference Only Troxell Communications, Inc. 4830 S. 38th Street Phoenix AZ 85040 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Inc. of Florida</i>



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Troxell Communications, Inc.
POLICY NUMBER See Certificate Number: 570091028777		
CARRIER See Certificate Number: 570091028777	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Named Insureds includes:

Troxell Communications, Inc.
 4675 E. Cotton Center Blvd, Ste. #155
 Phoenix, AZ 85040-4809

Integrated AV Systems, LLC DBA Summit Integration Systems
 5440 Brittmore Rd,
 Houston, TX 77041

TXL Holding Corporation
 4675 E. Cotton Center Blvd, Ste. #155
 Phoenix, AZ 85040-4809

Lifespan International, Inc.
 CDI Computers (US) Corp.
 951 Valley View Lane
 Irving, TX 75061

Tierney Brothers, LLC
 Tierney Brothers, Inc.
 1771 Energy Park Drive, Suite 100
 St. Paul MN 55108 USA